

Application Data Sheet**Application Information**

Application number::	TBA
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	NONE
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH G PROTEIN-COUPLED RECEPTOR 85 (GPR85)
Attorney Docket Number::	004974.01116
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan
Family Name::	GOLZ
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Bückmannsmühle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Family Name::	BRÜGGEMEIER
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	42799

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Family Name:: GEERTS
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckerstr. 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Family Name:: SUMMER
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Katernberger Schulweg 3
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011808	19 October 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	03025071.6	31 October 2003	Yes

Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: 51368